

Case Number:	CM15-0093068		
Date Assigned:	05/19/2015	Date of Injury:	08/21/2009
Decision Date:	08/28/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	05/14/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: North Carolina
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is 45 year old female who sustained an industrial injury on 8-21-09. Diagnoses are status post lumbosacral fusion, lumbar discogenic disease, and chronic low back pain. In a progress report dated 12-10-14, the physician notes the injured worker was seen in follow up and reports low back pain that is rated as 9 out of 10 without medications. Her pain is noted as severe and unbearable. With medications, her pain is relieved by 50% or more and she becomes more functional. She uses Klonopin to help with her neuropathic pain and anxiety, which allows her to sleep at night. Medications noted in the treatment plan are Klonopin, Norco, Restoril and Flexeril. She had a lumbar epidural steroid injection, which helped relieve her pain approximately 50% for 2 to 3 months. Exam of the lumbar spine notes tenderness to palpation, paraspinal muscle spasm and decreased sensation at L3-4 bilaterally. Straight leg raise and Lasegue are positive bilaterally. She is noted as permanent and stationary. The requested treatment is Klonopin 1mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Klonopin 1mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines benzodiazepines Page(s): 24.

Decision rationale: The California chronic pain medical treatment guidelines section on benzodiazepines states: Benzodiazepines: Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. (Baillargeon, 2003) (Ashton, 2005). The chronic long-term use of this class of medication is recommended in very few conditions per the California MTUS. There is no evidence however of failure of first line agent for the treatment of anxiety in the provided documentation. For this reason, the request is not medically necessary.